

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 107009853		FILING DATE 01 JUL 2002			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1			/				51				
2			/				52				
3			/				53				
4			/				54				
5			/				55				
6			0				56				
7			0				57				
8			0				58				
9			/				59				
10			/				60				
11			/				61				
12			/				62				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			/				TOTAL IND.				
TOTAL DEP.			23				TOTAL DEP.				
TOTAL CLAIMS			24				TOTAL CLAIMS				